

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) ESAFund | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
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| Full Name of Payee Crossroads Media, LLC | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>17</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | M | M | | 10 | | | D | D | | 17 | | | Y | Y | Y | Y | Y | Y | | | | | | |
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| Mailing Address 66 Canal Center Plaza Suite 555 | | | Amount <table border="1" style="width:100%"> <tr><td>71680.00</td></tr> </table> | | | 71680.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 71680.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Alexandria | State VA | Zip Code 22314 | Transaction ID : SE.7045 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure media placement | | Category/ Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
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| Name of Federal Candidate Ayotte, Kelly A., , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="width:100%"> <tr><td>0.00</td></tr> </table> | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Full Name of Payee Crossroads Media, LLC | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>17</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | M | M | | 10 | | | D | D | | 17 | | | Y | Y | Y | Y | Y | Y | | | | | | |
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| Mailing Address 66 Canal Center Plaza Suite 555 | | | Amount <table border="1" style="width:100%"> <tr><td>71680.00</td></tr> </table> | | | 71680.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 71680.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Alexandria | State VA | Zip Code 22314 | Transaction ID : SE.7047 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure media placement | | Category/ Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
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| Name of Federal Candidate Hassan, Margaret Wood, , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="width:100%"> <tr><td>0.00</td></tr> </table> | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-------------------------------------------------------------|----------------------------------------------------------------------------|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <table border="1" style="width:100%"> <tr><td>143360.00</td></tr> </table> | 143360.00 |
| 143360.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <table border="1" style="width:100%"> <tr><td></td></tr> </table> | |
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| (c) TOTAL Independent Expenditures..... ▶ | <table border="1" style="width:100%"> <tr><td></td></tr> </table> | |
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy H., ,

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) ESAFund | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Loma Media Partners | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016 | | |
| Mailing Address 101 W. Broadway Suite 300 | | | Amount 1500.00 | | |
| City San Diego | State CA | Zip Code 92101 | Transaction ID : SE.7041 | | |
| Purpose of Expenditure media production | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY | | |
| Name of Federal Candidate Ayotte, Kelly A., , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee Loma Media Partners | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016 | | |
| Mailing Address 101 W. Broadway Suite 300 | | | Amount 1500.00 | | |
| City San Diego | State CA | Zip Code 92101 | Transaction ID : SE.7043 | | |
| Purpose of Expenditure media production | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY | | |
| Name of Federal Candidate Hassan, Margaret Wood, , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|------------------------------------------------------------|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 3000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy H., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE | 3 | OF | 3 |
| FOR SE OF FORM 24/48 | | | |

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| NAME OF COMMITTEE (In Full) ESAFund | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee Norway Hill Associates, Inc. | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016 | |
| Mailing Address 30 Norway Hill Road | | Amount 21337.50 | |
| City Hancock | State NH | Zip Code 03449 | Transaction ID : SE.7037 |
| Purpose of Expenditure direct voter contact/direct marketing | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate Ayotte, Kelly A., , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Norway Hill Associates, Inc. | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016 | |
| Mailing Address 30 Norway Hill Road | | Amount 7112.50 | |
| City Hancock | State NH | Zip Code 03449 | Transaction ID : SE.7039 |
| Purpose of Expenditure direct voter contact/direct marketing | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate Hassan, Margaret Wood, , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 284450.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 430810.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy H., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2016

Signature